

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09-802345**
APPLICANT(S)

FILING DATE **03-09-01**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
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50						
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL CLAIMS	26					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

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